

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	Mar (01)	1145 875	21 10/10/01 10-10-01 12/13/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/27/01
2	✓	✓	2/4/00
3	✓	✓	3/09/03
4	✓	✓	3/09/03
5	✓	✓	3/09/03
6	✓	✓	3/09/03
7	✓	✓	3/09/03
8	✓	✓	3/09/03
9	✓	✓	3/09/03
10	✓	✓	3/09/03
11	✓	✓	3/09/03
12	✓	✓	3/09/03
13	✓	✓	3/09/03
14	✓	✓	3/09/03
15	✓	✓	3/09/03
16	✓	✓	3/09/03
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18	✓	✓	3/09/03
19	✓	✓	3/09/03
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43	✓	✓	3/09/03
44	✓	✓	3/09/03
45	✓	✓	3/09/03
46	✓	✓	3/09/03
47	✓	✓	3/09/03
48	✓	✓	3/09/03
49	✓	✓	3/09/03
50	✓	✓	3/09/03

5C533 NC 10/10/01  
 3659-PC183  
 12/14/01

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Claim	Final	Original	Date
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Claim	Final	Original	Date
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